


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90076 003 ***150.00

DOCUMENT # P02000053127	
1. Entity Name EURO GRAND PIANO GALLERY, INC.	

Principal Place of Business 975 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110	Mailing Address 975 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110
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04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1638192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MANCHEN, GUNTER 975 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANCHEN, GUNTER 975 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REUTER, SUSANNA 975 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANCHEN, GISELA 1215 IMPERIAL DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. Manchen 4/11/08 239-591-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #